

St. Clair County Community Mental Health Authority  
**Individual Placement and Support Fidelity Supervision**

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Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Case #: \_\_\_\_\_

**Please do not use the individual's name on this form (only case number and/or initials).**

☐ Supervision Note

☐ Accolade

☐ Opportunity for Improvement

☐ Do NOT file in personnel file

☐ Do file in personnel file

☐ Do file in personnel file with  
completed and signed Opportunity  
for Improvement Plan (Form 601-A)

Discussion: \_\_\_\_\_

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Next Meeting: \_\_\_\_\_ Review Date (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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**Please do not use the individual's name on this form (only case number and/or initials). Thank you.**

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- a. # Of active individuals: \_\_\_\_\_
- b. # Of Individuals working: \_\_\_\_\_
- c. New Jobs: \_\_\_\_\_
- d. Closures: \_\_\_\_\_

Case Review: \_\_\_\_\_

Case #: \_\_\_\_\_

Concern / Celebration: \_\_\_\_\_

How to move forward: \_\_\_\_\_

Employers contacted: (check log) \_\_\_\_\_

Paperwork: \_\_\_\_\_

Productivity: \_\_\_\_\_

Fidelity Review: \_\_\_\_\_

Database/Updates: \_\_\_\_\_

Issues/Concerns/Resources: \_\_\_\_\_